



OFFICE OF

PLACER COUNTY CLERK – RECORDER –  
REGISTRAR OF VOTERS

Clerk-Recorder Division • 2954 Richardson Drive • Auburn, CA 95603  
(530) 886-5600 • FAX (530) 886-5687  
www.placer.ca.gov

JIM McCAULEY  
County Clerk-Recorder-Registrar

APPLICATION FOR BIRTH or DEATH CERTIFICATE

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of birth or death records. Those who are not authorized by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Please indicate whether you would like an Authorized or Informational Certified Copy

- ☐ Informational Certified Copy: Complete Section I
- ☐ Authorized Certified Copy: Complete Sections I and II (Mail orders MUST be notarized - see back of form)

Section I: Complete for both Informational or Authorized Certified Copy (please print)			
BIRTH CERTIFICATE		DEATH CERTIFICATE	
Name on Certificate (Last, First, Middle)		Name on Certificate (Last, First, Middle)	
Date of Birth		Date of Death	
Number of copies	Total enclosed	Number of copies	Total enclosed
x \$17.00 =		x \$12.00 =	
Name of Applicant		Today's Date	
		Telephone Number ( )	
Mailing Address		City State Zip	
Signature of Applicant			

Section II: Complete for Authorized Certified Copy	
Relationship of applicant to registrant:	
<input type="checkbox"/> Registrant	<input type="checkbox"/> Parent/Legal Guardian
<input type="checkbox"/> Grandparent/Grandchild	<input type="checkbox"/> Child
<input type="checkbox"/> Sibling	<input type="checkbox"/> Spouse/Domestic Partner
<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Law Enforcement/Government Agency
<input type="checkbox"/> Attorney of Record	<input type="checkbox"/> Authorized by way of Court Order
	<input type="checkbox"/> Licensed Adoption Agency
I, _____ swear (or affirm) under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the vital record identified on this application form.	
Sworn this _____ day of _____, 20____, at _____.	
Signature _____	

Office Use:  
BK/Page \_\_\_\_\_ Bank Note # \_\_\_\_\_ Deputy \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR MAIL-IN APPLICATIONS

Mail-in requests for an Authorized Certified Copy of a Birth or Death Certificate must be accompanied by a completed Sworn Statement (below) - signed in the presence of a Notary Public. Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.

Mail your completed application and notarized sworn statement, with payment to:  
Please make checks payable to: Placer County Clerk

Placer County Clerk  
2954 Richardson Drive  
Auburn, CA 95603

PHONE 530-886-5600

## SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the birth or death record of the following individual(s):

Name of Person on Certificate	Relationship to Person on Certificate

Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

**NOTARIZATION NOT REQUIRED FOR LAW ENFORCEMENT, REPRESENTATIVES OF A STATE OR LOCAL GOVERNMENT AGENCY, OR AN AGENT OR EMPLOYEE OF A FUNERAL ESTABLISHMENT.**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_  
Name and Title of Officer (e.g. Jane Doe, Notary Public)

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person's whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature's on the instrument, the person or entity upon behalf of which the person's acted, executed the instrument.

Witness my hand and official seal

Signature \_\_\_\_\_

Date \_\_\_\_\_

01/01/06 UPDATED